

Lin v. MetLife

07 civ. 3218

EXHIBIT P

Louis M. Aledort, M.D.

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

3
4 JEAN LIN,

)

)

5 Plaintiff,

)

)

6 vs.

) No. 07CV3218

)

7 METLIFE INSURANCE COMPANY,)

)

8 Defendant.

ORIGINAL

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DEPOSITION OF LOUIS M. ALEDORT, M.D.

13

New York, New York

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Monday, June 2, 2008

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21 Reported by:

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2 specialist.

3 **Q. Can you explain that just for the**
4 **jury what you mean?**

5 A. A lot of liver disease patients wind
6 up having major blood abnormalities for which
7 they send them to me from the liver people, from
8 the liver pathology people, the liver disease
9 people, and then there are -- people come from
10 general internists who haven't even recognized
11 that the blood disease they gave -- sent me were
12 in hep B patients who happen to have the blood
13 problems secondary to the hep B.

14 **Q. I guess what I'm trying to understand**
15 **is whether you would treat those patients for**
16 **their liver or would you recommend them to see a**
17 **specialist to treat their liver?**

18 A. That's a different question than you
19 asked me.

20 **Q. Okay.**

21 A. Totally different. And I made it
22 clear from the beginning I do not give the
23 treatment. I manage them as their overall
24 person, or I manage the blood from that
25 particular patient, and the treatment would come

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2 from the liver people as part of this team.

3 **Q. And the liver people would mean**
4 **hepatologist or gastroenterologist?**

5 A. Hepatology. I would never send to a
6 general gastroenterologist, only to a
7 hepatologist who spends their whole time
8 worrying about liver and treating liver disease.

9 **Q. Can you explain the difference**
10 **between a hepatologist and a gastroenterologist?**

11 A. I thought I did before. A
12 gastroenterologist is like a general
13 hematologist, has to know all the different
14 parts of the GI system to pass the exam, but
15 many of them then track in different ways. And
16 those who track in liver take special years in
17 liver and that's what they do the rest of their
18 life.

19 **Q. So would you agree then that a**
20 **hepatologist is at the top of the food chain**
21 **with respect to the liver disease?**

22 MR. TRIEF: Object to the form of the
23 question. You can answer if you
24 understand.

25 A. Food chain? I don't know what that

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2 A. I can't swear to the pages, but if
3 you say so it's fine. Yes.

4 Q. And you have written over 300
5 articles, correct?

6 A. Yes.

7 Q. What is the general subject matter of
8 your articles if you can say?

9 A. The bulk of my articles are related
10 to diagnosis, treatment, safety and efficacy of
11 biologics, the epidemiology of transfusion,
12 transmitted diseases in blood transfusion
13 recipients, hemophilia patients and Von
14 Willebrand's Disease patients.

15 Q. Anything else?

16 A. Yes, the economics of healthcare and
17 the delivery of healthcare.

18 Q. Are any of your articles about
19 hepatitis B?

20 A. Yes.

21 Q. Which ones?

22 A. I can't tell you them. They're all
23 -- everything related to the epidemiology of the
24 -- anything related to the transfusion
25 transmitted disease grants from the NIH and the

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2 hep C epidemiology from the National Institute
3 of Cancer, which there are loads of
4 publications, all relate HIV, hep C, hep B,
5 interrelationships on outcome of patients when
6 they got infected, how long they are infected,
7 when they die, how they die, the role of
8 hepatitis as an adjunct to HIV disease, the
9 interrelationship of HBV to HCV.

10 **Q. Other than in those contexts that you**
11 **have just described do any of your articles**
12 **relate to the treatment of hepatitis B?**

13 A. No.

14 **Q. Are any of your articles about liver**
15 **disease?**

16 A. Yes.

17 **Q. Which ones?**

18 A. All the articles that relate to HIV,
19 HCV and hep B, all those articles the major
20 cause of death in those people were liver
21 disease.

22 **Q. Are any of your articles about the**
23 **treatment of liver disease?**

24 A. Yes. All the ones about HCV from the
25 NCI, which is the epidemiology of HCV and these

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2 wouldn't have found something in his stomach if
3 he didn't look at everything. So I would say
4 he's probably a good internist and hepatologist,
5 but there's nothing in the record except that he
6 found something that he looked for.

7 **Q. Why was Mr. Lin to your knowledge**
8 **seeing Dr. Kam every six months after his**
9 **treatment with interferon?**

10 A. As I stated before, because it's the
11 recommended follow up of somebody who has
12 successfully treated with -- for his hepatitis
13 B.

14 **Q. And at all times that Mr. Lin was**
15 **seeing Dr. Kam wouldn't you agree that at all**
16 **times he was a hepatitis B carrier?**

17 A. Not at all times. His E antigen was
18 negative for a short period of time and then
19 reverted back.

20 **Q. What about the surface antigen?**

21 A. It almost never goes away even if
22 you're -- even if you don't have any virus. It
23 only goes away about five percent of the cases
24 treated successfully even today.

25 **Q. So would you agree that at all times**

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2 the record that Dr. Kam or his deposition
3 said this man has chronic hepatitis B. He
4 said that he's a carrier, but he never used
5 the term chronic hep B. Now, it doesn't
6 mean he didn't think so when he first saw
7 him day one and he started him on
8 treatment.

9 **Q. In your opinion after reviewing the**
10 **records of Dr. Kam was Mr. Lin someone who had**
11 **chronic hepatitis B?**

12 A. When he was first seen, yes.

13 **Q. And then he changed?**

14 A. I think he's in remission. He's a
15 carrier.

16 **Q. And during the entire time that**
17 **Mr. Lin saw Dr. Kam he wasn't -- he was a**
18 **hepatitis B carrier, correct?**

19 A. No, because he had that period when
20 he went -- where he looked like he got rid of
21 everything, the E antigen became negative, big
22 circle from Dr. Kim or Kam, however he
23 pronounces it, in the chart that he was very
24 excited and then later it was negative -- was
25 positive.

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2 **cured of hepatitis B, correct?**

3 A. Correct, that's what I wrote.

4 **Q. Now, what is the time period that he**
5 **was treated and monitored by Dr. Kam?**

6 A. From the time he finished interferon
7 until he was sent to be treated for his cancer.

8 **Q. And that was until --**

9 A. It's all in my note. He was finished
10 in February and then he was followed to '05 and
11 then he was sent off to be treated by some other
12 specialist in his stomach cancer.

13 **Q. You stated that because his hepatitis**
14 **B was no longer active, quote, there was no**
15 **impact on his longevity or survival, correct?**

16 A. Correct.

17 **Q. Do you still agree with that**
18 **statement as we sit here today?**

19 A. 100 percent.

20 **Q. Isn't it a fact that as a hepatitis B**
21 **carrier there is a significant risk of**
22 **developing liver cell cancer?**

23 A. No. Not significant. There is
24 absolutely not a single piece of literature that
25 corroborates they are significantly at risk

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2 higher than within the general population for
3 hep -- for hepatocellular carcinoma if they are
4 in the category he's in. No virus detection,
5 hep B antigen positivity and less than 20,000
6 viral particles.

7 Q. Since you said significantly let me
8 ask you the question a different way. Wouldn't
9 you agree that there is at least a minimally
10 greater risk for a hepatitis B carrier than in
11 the general population?

12 A. The minute you use the word minimal
13 then you have to look at statistics. If minimal
14 is with not statistically significant then it's
15 not something you could put your hat on.

16 Q. Okay. Would you agree -- let's not
17 qualify it --

18 A. It's very important to --

19 Q. -- that the risk is higher, in any
20 way higher.

21 A. No, it's slightly higher that no one
22 in the field thinks of it except to monitor
23 because there is always an oddball guy that's
24 going to get it so that's why you monitor.

25 Q. So --

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2 A. There are no data to support that it
3 is simply higher.

4 **Q. Is there data to support that the**
5 **risk is higher though?**

6 A. There's no data to say that it's so
7 minimal that no one would consider it of
8 importance, but they follow it so that you don't
9 get a resurgence of the disease which if active
10 will certainly give you a higher likelihood and
11 you can now knock it down with new drugs --

12 **Q. Now --**

13 A. -- which you couldn't do before you
14 had new drugs.

15 **Q. Now, you've given me a copy of the**
16 **expert report of Dr. Clain which you stated that**
17 **you reviewed, correct?**

18 A. Yes.

19 **Q. And he included some articles as**
20 **exhibits to his --**

21 A. I know.

22 **Q. -- report. Did you take a look at**
23 **those articles as well?**

24 A. If they're not there I probably
25 didn't read them specifically.

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2 **monitored for reactivation as well as cancer?**

3 MR. TRIEF: Objection to form of the
4 question. You can answer.

5 A. Again, I'm just adding. Why would I
6 object to something that's already there if all
7 I'm doing is adding something?

8 **Q. Do you have any other comments to**
9 **section three?**

10 A. Nope.

11 **Q. What about section four?**

12 A. Yes.

13 **Q. Should we do it paragraph --**

14 A. No, only the last paragraph.

15 **Q. Okay.**

16 A. It is inaccurate statement was and
17 always remained at significant risk of death
18 from liver cell cancer after his interferon
19 treatment. He used the data inaccurately.

20 **Q. What do you disagree with in that**
21 **sentence, the word significant?**

22 A. You're darn right.

23 **Q. Okay. Would you agree that Mr. Lin**
24 **remained at a risk of death from liver cell**
25 **cancer?**

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2 A. A minimal, minimal, and it's the same
3 statements I've made throughout. He has
4 exaggerated this well beyond his own references
5 as well as the literature he based it on.

6 **Q. Would you agree that this minimal**
7 **risk was over and above the ordinary risk of**
8 **liver cell cancer in the general population due**
9 **to his status as a hepatitis B carrier?**

10 A. Minimal is not significant and very
11 hard to differentiate from the general
12 population. That's the reason everybody looks
13 for statistical significance versus not. If
14 it's not statistically significant it may not in
15 any way be greater than the general population.

16 **Q. So I just want to make sure I**
17 **understand --**

18 A. I didn't finish my sentence.

19 **Q. Okay.**

20 A. Particularly in a patient without
21 cirrhosis, which he did not have, which is also
22 frequently left out of this whole discussion,
23 but I'm not going to make a big issue out of it.

24 **Q. I just want to make sure I understand**
25 **your answer. Do you believe that Mr. Lin was at**

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2 **a minimally greater risk of having liver cell**
3 **cancer than the general population?**

4 MR. TRIEF: That was just asked. It
5 was just asked a second ago.

6 MS. SHERER: I didn't hear it.

7 A. My answer is probably not an
8 elevation, but they all talk about it but since
9 there are no statistics it may be within the
10 range of the normal population which is what I
11 said all the way along therefore the -- there is
12 enormous education of the cancer issue which is
13 all this statement keeps -- his whole statement
14 keeps focusing on.

15 Q. Now, I did hear you say that you felt
16 that it was exaggerated, but what I'm trying to
17 figure out from you is whether you think there
18 is any additional risk or not?

19 A. And I made it clear that no one is
20 sure.

21 Q. So you don't know?

22 A. No one knows.

23 Q. Do you know Dr. Clain professionally
24 or otherwise?

25 A. Absolutely not.

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2 **Q. Would you agree with even part of it?**

3 A. Yes.

4 **Q. Which part?**

5 A. Everything but the chronic hepatitis

6 B. He's a carrier which is very different from

7 saying you have chronic hepatitis B. You should

8 use the word carrier because the chronic

9 hepatitis B implies the liver disease, etc.,

10 etc.

11 **Q. Now, isn't it true that one of the**
12 **medical records that I showed you from Dr. Kam's**
13 **office indicated that Mr. Lin had chronic**
14 **hepatitis B? And I'll reshow it to you.**

15 A. No, no. What it is it's the
16 radiology report from a guy who used that term
17 without knowing what he was told or what it is.
18 There's nothing in the record that says I told
19 this man and I believe he has chronic hep B. He
20 just says I told the patient he was cured.

21 **Q. Let me ask it to you this way, if it**
22 **appears in other records of Dr. Kam's that Dr.**
23 **Kam thought that Mr. Lin had chronic hepatitis B**
24 **would you disagree with that?**

25 MR. TRIEF: Objection.